

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR NATURAL RESOURCES
DIVISION OF OIL AND GAS
300 SOWER BLVD
FRANKFORT, KY 40601
502-573-0147



FOR OFFICE USE ONLY	
RECORD NO	_____
FEE	_____
BOND	_____
PLAT	_____
FWD	_____
COAL DEPTH	_____
SAMPLES	_____
PERMIT NO	_____

Class II Well Permit Application For Underground Injection Control

1. To ☐ Drill, ☐ Deepen, ☐ Conversion of Oil & Gas Well _____ to Injection Well.

Previous Permit No.
2. Injection Well Type: ☐ Secondary Recovery Injection ☐ Salt Water Disposal ☐ Hydrocarbon Storage
3. Well Owner/Operator _____
4. Permanent Address _____

STREETCITYSTATEZIP
5. Mailing Address _____

STREETCITYSTATEZIP
6. Phone _____ Email _____
7. Mineral Owner (Lessor) _____ Well Number _____ County _____
8. Carter Coordinate ☐ FNL ☐ FEL
Location _____ ☐ FSL _____ ☐ FWL SEC _____ LETTER _____ NUMBER _____
9. Approximate depth of Underground Source of Drinking Water (USDW) _____, measures to ensure protection of USDW from injection operations are to be detailed (see question 19, section D).
10. Name of Field _____
11. Name of Geologic Injection zone _____ Depth: Top _____ Bottom _____
12. Proposed Total Depth _____, if existing well; Plugged Back to depth of _____
13. Injection method ☐ Through Perforations ☐ Packer on Tubing Assembly
14. If packer on tubing assembly is used, depth packer is set _____, not to exceed fifty (50) feet above injection zone.
15. Estimated formation breakdown pressure _____ psig.
16. Detailed identification of materials to be injected, including additives _____
_____ (sample analysis to be attached)
17. Surface Owner _____
(If Different from Mineral Owner) (Attach additional sheets as needed)

Permanent Address _____

STREETCITYSTATEZIP
18. U.S.G.S. Quadrangle _____

NAMEMAP YEAR
19. AOR (Area of Review) Attachments to be included with application:

A. Area of Review (AOR) means an area within not less than a fixed radius of one-fourth (1/4) mile around an injection well or calculated to be in accordance with 40 CFR 146.06. To be attached to this application and identified on a section of USGS 7.5' Topographic Map on a minimum scale of 1"=2,000' showing proposed injection well(s) identified with a ¼ mile radius circle identifying all producing wells, injection wells, water wells and dry holes within the AOR.

B. List of wells in identified by well operator, permit number, well name and number within AOR.

C. List of all surface landowners and addresses within AOR.

D. Describe corrective measure to insure USDW's (Underground Sources of Drinking Water-Aquifers) are protected from injection zone in AOR.

20. Well operator assumes financial responsibility in accordance with 805 KAR 1:110 Section 8. Attached Class II Plugging and Abandonment Plan, Form OG-41.

21. If applicant is an entity other than an individual (i.e. sole proprietorship), the applicant must be registered and in good standing with the Kentucky Secretary of State’s office. Please indicate type of entity (including but not exclusive to limited liability company, corporation, partnership, or other business form) and state of incorporation or registration, if applicable.

Type of Entity

State of Incorporation or Registration

If any entity other than a sole proprietorship, signatory must be an officer of the entity or provide power of attorney to execute documents. If a sole proprietorship, signatory must be same or provide power of attorney to execute documents.

The undersigned hereby swears or affirms that the foregoing facts given in this application are true and therein set forth. The applicant acknowledges that other local, state and federal laws may apply to a well drilled at this location.

Signature of Operator _____

Title _____

Printed Name _____

Date _____

Sworn To and Subscribed Before Me This _____ Day of _____, 20_____

My Commission Expires

Notary Public

Wellbore Schematic

As Required in 805 KAR 1:110 (11)(e)

Standard laboratory analysis of injected fluid

As required in 805 KAR 1:110 (11)(g)(2)